

**MIAMI-DADE COUNTY
MANAGEMENT PERFORMANCE EVALUATION**

Name	(LAST)	(FIRST)	(INITIAL)	Period Covered
				From <u> </u> / <u> </u> / <u> </u> To <u> </u> / <u> </u> / <u> </u> <small>Mo. Day Yr. Mo. Day Yr.</small>
Classification	Status		If Prob. Date Ends	Social Security Number
Department		Division		Unit

REASON FOR REVIEW

☐ Merit Raise
 ☐ Status Change
 ☐ Annual Review
 ☐ Other
 Due Back to Personnel Section by _____

Raters: It is understood that the importance of each category will vary with job classification and department. Explain your rating in terms of performance in each category. Mark the appropriate box. Use additional sheets if necessary.

1. ACHIEVEMENT OF OBJECTIVES: Includes productivity of the unit (the quantity and quality of output) and accomplishing unit goals.

RATING:
☐ Unsatisfactory
☐ Needs Improvement
☐ Satisfactory
☐ Above Satisfactory
☐ Outstanding

Explain Why:

2. DECISION MAKING AND JUDGMENT: Includes assigning tasks, responding to work problems in a timely and effective manner, assessing and establishing priorities, and identifying and evaluating problem areas and problem solving skills.

RATING:
☐ Unsatisfactory
☐ Needs Improvement
☐ Satisfactory
☐ Above Satisfactory
☐ Outstanding

Explain Why:

3. PERSONNEL DEVELOPMENT: Includes orienting new employees; assisting subordinates in accomplishing assigned tasks; recommending training and/or developmental programs (includes self-development); counseling and motivating employees.

RATING:
☐ Unsatisfactory
☐ Needs Improvement
☐ Satisfactory
☐ Above Satisfactory
☐ Outstanding

Explain Why:

4. PLANNING AND ORGANIZING: Includes designing realistic short and long range plans; optimizing time, personnel, equipment, and material resources; clearly defining responsibility and authority; and developing standards for the work unit.

RATING:
☐ Unsatisfactory
☐ Needs Improvement
☐ Satisfactory
☐ Above Satisfactory
☐ Outstanding

Explain Why:

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5. **INTERPERSONAL SKILLS:** Includes encouraging participation and teamwork; fostering unit morale; working cooperatively with the public, peers, and subordinates; and accepting advice and counseling from superiors.

RATING: ☐ Unsatisfactory ☐ Needs Improvement ☐ Satisfactory ☐ Above Satisfactory ☐ Outstanding
Explain Why:

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6. **COMMUNICATIONS:** Includes preparing clear and concise reports and correspondence; and making effective oral presentations.

RATING: ☐ Unsatisfactory ☐ Needs Improvement ☐ Satisfactory ☐ Above Satisfactory ☐ Outstanding
Explain Why:

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7. **ADMINISTRATIVE POLICY AND PROCEDURE:** Includes understanding and implementing County Code, Administrative Orders, and departmental policies and procedures; complying with Personnel Rules, Leave Manual, grievance procedure, and safety regulations; adhering to affirmative action guidelines; and timely and effective counseling, evaluation and disciplinary investigation and recommendation.

RATING: ☐ Unsatisfactory ☐ Needs Improvement ☐ Satisfactory ☐ Above Satisfactory ☐ Outstanding
Explain Why:

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8. **ADDITIONAL FACTORS:** May include special skills, knowledges, and abilities; special job requirements or temporary assignments.
Definition of Factor:

RATING: ☐ Unsatisfactory ☐ Needs Improvement ☐ Satisfactory ☐ Above Satisfactory ☐ Outstanding
Explain Why:

RATER'S OVERALL EVALUATION

- ☐ **Unsatisfactory:** Performance is inadequate and must be corrected.
- ☐ **Needs Improvement:** Performance does not fully meet job requirements as indicated below.
- ☐ **Satisfactory:** Employee is performing as required and expected in an entirely satisfactory manner.
- ☐ **Above Satisfactory:** Performance surpasses job requirements.
- ☐ **Outstanding:** Consistently conspicuous, distinguished performance. Employee displays initiative and creativity. Employee has substantially enhanced departmental efficiency and/or effectiveness.

If an employee is eligible for merit increase, check following: ☐ Granted ☐ Deferred, reevaluate in _____ months.

If an employee is eligible for permanent status, check following: ☐ Granted ☐ Denied ☐ Extended _____ months with employee's written permission. (Attached) (Probationary period may not extend beyond one year.)

IN WHAT WAYS CAN OR MUST THE EMPLOYEE IMPROVE PERFORMANCE?

This report is based on my observations, knowledge of employee's performance and review of applicable information. It represents my best judgment of the employee's performance.

RATER'S SIGNATURE _____ DATE _____

Print Name _____ TITLE _____

I have received this report and discussed it with the rater. It represents an accurate appraisal of the employee's performance in accordance with Administrative Order. I concur in the recommendation, if any, as to merit raise or permanent status.

REVIEWER'S SIGNATURE _____ DATE _____

Print Name _____ TITLE _____

I acknowledge that I have received a copy of this evaluation. I have had an opportunity to discuss it with my supervisor. In signing this evaluation, I do not necessarily agree with the conclusions. I understand that I may write my comments on another sheet of paper or below.

EMPLOYEE COMMENTS:

EMPLOYEE'S SIGNATURE _____ DATE _____

DISTRIBUTION: Blue copy to employee — Green copy to Personnel — Yellow copy to departmental personnel office — White copy to reviewer